

then to turn around and give a major tax cut, taking the money from Medicare, and giving a major tax cut to the wealthiest people in sight. Does that sound familiar? That is what they are basically doing today, giving tax cuts to the wealthiest 1 percent. In this case, the tax cut for millionaires is \$90,000.

Speaker Gingrich also made a statement. He said, "We can't get rid of Medicare"; this was back in 1995. He said, "We can't get rid of Medicare in round one because we don't think that is politically smart, but we believe it is going to wither on the vine."

Bob Dole that same year bragged to a conservative group, a group of conservative politicians who do not like Medicare; sort of the Republican line. He said, Bob Dole said, I was there 30 years ago fighting the fight, voting against Medicare, trying to stop it from ever being created.

So it is pretty clear, Mr. Speaker, that it may not be just the fact that Republicans raise a ton of money from the drug companies and a ton of money from the insurance companies, and that is why they are for Medicare privatization and that is why they want to turn Medicare over to the drug and insurance industries. It may not be that; it may be that they have an honest, philosophical difference with us and with 90 percent of the American public. They just do not like Medicare. They voted against creating it. They bragged about voting against creating it. Speaker Gingrich voted to cut it on several occasions.

And now in 2003, with a Republican President, a Republican Senate and a Republican House, this is their golden opportunity to privatize Medicare. That is what this vote is all about this week. The Republicans, at the behest of the insurance companies and the drug companies, want to privatize the health care system that has worked for America's seniors.

The gentleman from California (Mr. THOMAS), the new Republican star in their efforts to privatize Medicare, in their efforts to dismantle Medicare, has said, and I will end with this, Mr. Speaker, he said, to those who would say the bill would end Medicare as we know it, our answer is, from the gentleman from California (Mr. THOMAS), Republican chairman of the Committee on Ways and Means, we certainly hope so. Old fashioned Medicare is not very good. We want to end it.

Mr. Speaker, we need to vote "no" on the Republican plan, vote "yes" on the Democratic plan that will preserve Medicare and provide a solid prescription drug benefit for our seniors.

THE SONS OF COLVILL

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, I rise tonight in honor of Minnesota's 135th Infantry.

It is hard for us to imagine what it must have been like in the spring of 1861 when cannons announced the first battle of the Civil War by firing on Fort Sumter in Charleston Harbor. Minnesota's first Governor, Alexander Ramsey, happened to be in Washington on other business. Upon learning the news, he raced to the White House to become the first Governor to volunteer troops for the Union Army.

A few nights later, in Red Wing, Minnesota, William Colvill used his considerable size and agility, as he stood almost 5 feet, 5 inches tall, to elbow his way to the front of the line to become the first volunteer in the first regiment of the first State that volunteered troops to preserve the Union.

Minnesota's First Regiment fought with distinction in many of the bloodiest battles in the Civil War, including Fredericksburg, Bull Run, and Antietam. American history has a special footnote, however, to commemorate their actions on July 2, 1863 in that most famous of Civil War contests, the Battle of Gettysburg.

General Winfield Scott Hancock, commander of the Union forces, saw the vulnerability of General Sickles' New Yorkers, who had moved forward, leaving a huge gap in the Union line. Hancock noticed that the First was positioned somewhat south of the middle of the long Union line on Cemetery Ridge. He nervously rode up and asked, Colonel Colvill, how long can you hold your position? Colvill, who spoke in short, crisp sentences firmly answered, "General, to the last man."

Now, this was no idle boast. By the end of that day, the regiment would suffer 82 percent casualties.

That single phrase, "to the last man," survives today as the motto of the Minnesota National Guard detachment that traces its heritage to the Minnesota First Regiment.

When the regiment headed off to war from Fort Snelling in 1861, they were 1,023 strong. After Pickett's charge at Gettysburg had been repelled only 2 years later, just 67 men could answer the call.

The Minnesota First went on to see action in the Spanish American War and served with distinction in the Philippine Insurrection. During World War I it was mustered into service, but did not see action as a unit.

That changed in 1941 when war clouds gathered far across the sea. The 135th Infantry became the first division to be activated and shipped out. Advance units of the 135th sailed to Africa to take on the famed Africa Corps of Field Marshal Rommel. Despite being outmanned and underequipped, the 135th turned back the Desert Fox and his Army.

After World War II, the 135th once again saw action in Korea.

Today, the 135th is a battalion; no longer a regiment. It has five compa-

nies compared with 20 years past. It is concentrated in southeastern Minnesota as a member of the historic 34th Red Bull National Guard Division.

That is why, this July 11 through 13, the thin ranks of the 135th Infantry's combat veterans of World War II and the Korean War, the "Sons of Colvill" as they are known, will gather to remember. They will close ranks in Mankato, Minnesota, to honor those who have fallen and to remember one more time the sacrifices of a generation.

Once again, they will listen to the special music that identifies the 135th: "March of the Red Bull Lesions," "The Old Gray Mayor," "The Sons of Colvill." It will be a final hoo-ah for the surviving men of World War II, and it will be one more commemoration for the thinning ranks of the Korean War vets. And, it will be one last chance for us to say, "thank you, well done, oh good and noble servants. You have brought hope and freedom to millions who will never know your names."

Mr. Speaker, I salute the brave Minnesotans who have given so much to keep the lamp of liberty burning brightly throughout the world. To the families of those who have made the supreme sacrifice, we cannot adequately salve the wounds that will never heal. The best that we can say is that we will never forget.

May God bless you. May God continue to bless our country and all who defend her.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

EXCHANGE OF SPECIAL ORDER TIME

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent to take the time of the gentlewoman from the District of Columbia.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

WOMEN AND PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, like the gentleman from Ohio (Mr. BROWN) said, this is *deja vu* all over again. Here we are, once again, discussing ways to help seniors afford the prescription drugs that they need and must have and, once again, the majority insists on a sham proposal that gives seniors nothing more than a false sense of security.

I am here tonight with the gentlewoman from California (Ms. LEE) to remind everyone that as we debate proposals to add a prescription drug benefit to Medicare, the decisions we make

will overwhelmingly impact the mothers, grandmothers, sisters, and aunts across this country. Women are living longer than ever, and they are living longer than men. That is good news. However, the poverty that many women experience during their final years is certainly not good news.

There are several reasons women's golden years are not so golden. While most women have worked their entire lives, a good portion of this work was not in the paid workforce. You do not earn a pension for the time spent caring for children or elderly parents. When many of our mothers and grandmothers were in the workforce, they were denied equal pay for equal work, therefore earning less. Some worked only part-time, trying to balance the responsibilities of their jobs and their families. As a result, they have made less over their lifetimes, and now their monthly Social Security benefit is considerably smaller than their male counterparts.

These women deserve financial stability and still, the Republican prescription drug proposal denies them the security that comes with knowing that they can afford to pay for their medical care. Not only will the majority's plan not help senior women, it will push Medicare beneficiaries into HMOs, creating more instability. I am not speculating; I have watched it happen in my district.

Just a few years ago, the Health Plan of the Redwoods, a good, small HMO that served my constituents in Sonoma and Marin Counties, went bankrupt. After first limiting services and physician payments, they had to close their doors. This bankruptcy interrupted care for a number of my constituents, a great number of them senior women.

We should not force Medicare beneficiaries to accept the same kind of instability in exchange for a prescription drug benefit. The Republican plan ignores the proverbial 800-pound elephant in the room: the astronomically high prices of prescription drugs.

Take a minute and think about the reason our senior women cannot afford prescription drugs. It is because prescription drugs are too expensive. To me, it is good, old-fashioned, common sense that we should take steps that address the root of the problem and find ways to reduce these prices. But the majority apparently does not enjoy the same common sense that my democratic colleagues and I do.

Their plan specifically forbids the Secretary of Health and Human Services from negotiating lower prescription drug prices. Can my colleagues imagine that? The Republican plan prohibits the Secretary of Health and Human Services from trying to make the cost of prescription drugs lower.

□ 2045

Private insurance companies then must on their own negotiate with far less bargaining power. The Veterans Administration has proven that negoti-

ating can result in lower prices, but the Republicans have once again proven that they care more about the profits of the pharmaceutical companies than the bottom lines or about senior women.

Many older women have little or no financial security. But there is one thing even more dangerous than that, and that is a false sense of security. Millions of women will read the newspapers; they will be delighted to learn that there is now a Medicare prescription drug benefit. But imagine their surprise, imagine the surprise of the typical elderly woman when she learns that her so-called benefit will require her to pay \$4,000 of the first \$5,000 in annual drug expenses. And that is on top of a monthly premium that is yet to be determined.

Frankly, I find it shameful that the majority claims that they are delivering a drug benefit to seniors when in reality the plan will cover only a small portion of their expenses. And it will actually outlaw practical steps to reduce these expenses in the first place. I dare my Republican colleagues to tell their mothers what they are doing to Medicare.

After a lifetime of hard work, both in and out of the home, our mothers and grandmothers deserve better than this fraudulent plan the republicans are pushing. We can do better and we must.

PREScription DRUG PLAN NOT FAIR TO OUR CHILDREN

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, I agree with the previous speaker on several issues, and that is that we should delay this bill and try to improve it. And I am going to make comments suggesting that it is not fair to seniors, but it is not fair to our kids and our grandkids. I have four children, and they are trying to save money to send my grandchildren to college. And one question I would pose is, why should they pay more taxes to pay for seniors' prescription drugs?

The retiring seniors that we are going to see over the next 10 years are probably the wealthiest seniors this country has ever had in the past, probably will ever have in the future. Mr. Speaker, we now expect a vote on the addition of a prescription drug benefit to Medicare on June 26. And this vote would authorize the largest expansion of our entitlement programs since we amended the Social Security bill back in 1965 and added Medicare. So Social Security, because of the allure of more senior votes, Members of Congress and the President decided to expand the benefits to seniors to add Medicare.

When Medicare was under consideration in 1965, a few Members realized the sort of burdens that would come to place on future taxpayers, and Chair-

man Wilbur Mills of the House Committee on Ways and Means predicted in September of 1964 that the costs of even part A of Medicare, which was then under consideration, would soon exceed projections and that ever-increasing taxes would be needed to finance it. He predicted it would come to pass that Medicare costs would leave Congress hamstrung, facing uncontrolled increases in costs and to the indefinite future. Mills dropped his opposition to Medicare under pressure from the President of his own party, but he was right about the program's consequences.

This summer, as Congress considers the largest single expansion of any entitlement program since 1965, we should consider how a prescription drug benefit will burden future workers and taxpayers and not give seniors what they expect. The Federal Government is in serious financial problems. When the baby boomers start retiring in the next 10 to 12 years, we see more people going out of the workforce, if you will, paying in to Social Security and taxes and taking out benefits from Medicare and Social Security.

When the Federal Government comes to a pinch in another 12 to 15 years, guess what is going to happen to the prescription drug program that has been promised? Number one, I suggest that government, Congress and the President will say, well, to reduce costs, we need to spread the costs over a wider segment of the population, and so we are going to require all seniors, regardless of whether you have prescription drugs in your retirement program or not, regardless of whether you have a good insurance program that covers prescription drugs, we are going to require everybody to take the government's system.

Guess what comes next as government faces this fiscal pinch? Rationing, and then the government will follow what many other countries have done such as Canada and many other countries that have government-run programs. They are going to say, well, we are going to limit the prescription drugs that are available to seniors. This proposal suggest that \$400 billion, and it is pretty much used up, is going to be required for spending in the next 10 years for prescription drugs. We should think carefully about the consequences of making a whatever-it-costs commitment into the indefinite future.

I chair the Subcommittee on Research in Science and the medical technology is now expanding more rapidly than our ability to pay for it. That means the medical technology of the future is going to be very impressive and very successful on maintaining our health and helping us to live longer. In fact, the future has suggested that in the next 20 years, anybody who wants to live to be 100 can do so, but it will cost money. And we are sort of programming that we will pay for those benefits, whether it is \$40,000 a treatment or \$60,000 a treatment after they